DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 East 12th Street, Suite 235 Kansas City, Missouri 64106



Division of Medicaid and Children's Health

December 10, 2003

Refer to: MB: JG MO WA 0197.90R2.01

Steve Roling, Director Department of Social Services Broadway State Office Building P.O. Box 1527 Jefferson City, MO 65102

Dear Mr. Roling:

I am pleased to inform you that your request to amend Missouri's home and community-based services waiver that serves persons with HIV/AIDS who would otherwise require care in a nursing facility authorized under the provision of Section 1915(c) of the Social Security Act has been approved. This waiver has been assigned control number 0197.90R2.01

Specifically, you submitted a request to replace the current evaluation and assessment tool with the Client Data Sheet, Client Biopsychosocial Acuity Index, and revise the plan of care form.

Based on the assurances, the waiver amendment request is approved with an effective date of October 1, 2003.

If you should have any questions about this matter, please contact Jackie Glaze at (816) 426-5925.

Sincerely,

Joe L. Tilghman Regional Administrator

Cc: Christine Rackers

Bcc: Mary Jean Duckett (CO)

Campbell, Lord, Stevenson

Jglaze:m0197.90R2.01amd